POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	
	Filing Date	
	First Named Inventor	Markus Erfort
	Title	Method and System for Depicting Digital Display Elements
	Art Unit	
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	8332-2/-5.1588.3.ru

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒   Practitioners associated with the Customer Number: | 30565 |

OR

☐   Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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OR
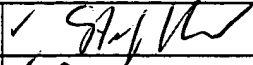
☐   The address associated with Customer Number: | |

OR

☐	Firm or Individual Name	
	Address	
	City		State		Zip	
	Country	
	Telephone		Email	

I am the:

☐   Applicant/Inventor

☒   Assignee of record of the entire interest. See 37 CFR 3.71.
    Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	✓ _signature_	Date	✓ 25th November 2005
Name	✓ STEFAN KUHLOW	Telephone	✓ 0049/89/74 8989 7
Title and Company	✓ MANAGING DIRECTOR Infoscreen Gesellschaft Für Stadtinfromationsanlagen MBH		

NOTE: Signatures of all of the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒   *Total of ___1___ forms are submitted.

***:JMD